	UNTF HEALTH FACILITY IMPR	OVEMENT	Chapter		
1.	Sponsoring Organization	2. Type of Organization Applying:			
	a. Name of Organization	O Chapter			
	b. Mailing Address		O Health Organization		
	City, State, Zip		O Non-Profit Organization		
	c. Contact Person	Contact Person		O For-Profit Business	
	Telephone Number		O Other		
	e. Telefax Number	lefax Number		O Multi-Chapters (list below)	
	E-mail Address				
3.	Project Name:	4. Project Schedule			
		a. Planned Start Date			
	Is this project in Utah? (circle) YES NO If no, attack	b. Anticipated End Date			
5.	Project Construction Cost:	6. Match Funding Sources: UNTF Percent %			
	a. Clearances (Arch Clr, EA)\$	a. <u>UNTF F</u>	<i>(</i> -	\$	
	b. Architectural Floorplans\$	b. NRF FY	<u>-</u>	\$	
	c. Site work/Utilities\$	c		\$	
	d. Materials\$	d		\$	
	e. Equipment\$	e		\$	
	f. Other \$	f		\$	
	TOTALO	these totals m	ust match up	, m	
	TOTALS \$	17		\$	
7.	, ,	ch copy of contract	•	oles (Siene)	
	☐ Chapter-hired Labor (attach schedule of positions, wage rates, fringe)				
8.	Scope of Work (attach a description answering the following or attach documents)				
	Signed Chapter Resolution				
	 b. Brief description of project and details of type of health services to be provided c. Is this project is Not located in Utah, attach justification including UNTF proportionate share analysis 				
	 Is this project is Not located in Utah, attach justification including UNTF proportionate share analysis Status of Land survey, Archaeological Clearance/Environmental Asssessments, and other clearances/permits 				
	e. Floorplan with measurements of building and rooms and/or Map of overall development				
	Listing of eligible Utah Navajo families that will benefit from this project				
	. If joint project, identify other organizations or agencies involved with this project.				
	h. Utility Arrangements: how will project be provided with utilities (type, distance, cost, schedule)				
	FOR UNTF OFFICIAL USE ONLY Signed Chapter Resolution Date rec'd at UNTF Office				
	Budget Cost Estimates	Do	ne reed at order office		
	Matching Sources	Re	eviewed by		
	Contract or Labor schedule				
	•		ite recommended by UDC		
	□ Not in Utah justification		de emma de la POT		
	☐ Survey and Clearances ☐ Date approved by BC		ite approved by BOT		
	□ Floorplan/Map □ List of Eligible Recipients Date approved by NRF		ite approved by NRF		
	Utility Arrangements	20			
	Payment Request	Pro	oject No. Assigned		